R E P O R T R E S U M E S

ED 011 151 EC 000 020

GUIDE FOR RECORDS AND REPORTS FOR SPEECH AND HEARING PROGRAMS.

BY- ANDERSON, JEAN L.
INDIANA STATE DEPT. PUBLIC INSTR., INDIANAPOLIS

PUB DATE AUG 65

EDRS PRICE MF-$0.09 HC-$1.36 34P.

DESCRIPTORS- *SPEECH HANDICAPS, *AURALLY HANDICAPPED, *RECORDS (FORMS), *PROGRAM ADMINISTRATION, *SPEECH THERAPY, ARTICULATION (SPEECH), PROGRAM GUIDES, STUTTERING, TEACHERS, PARENTS, INDIANAPOLIS

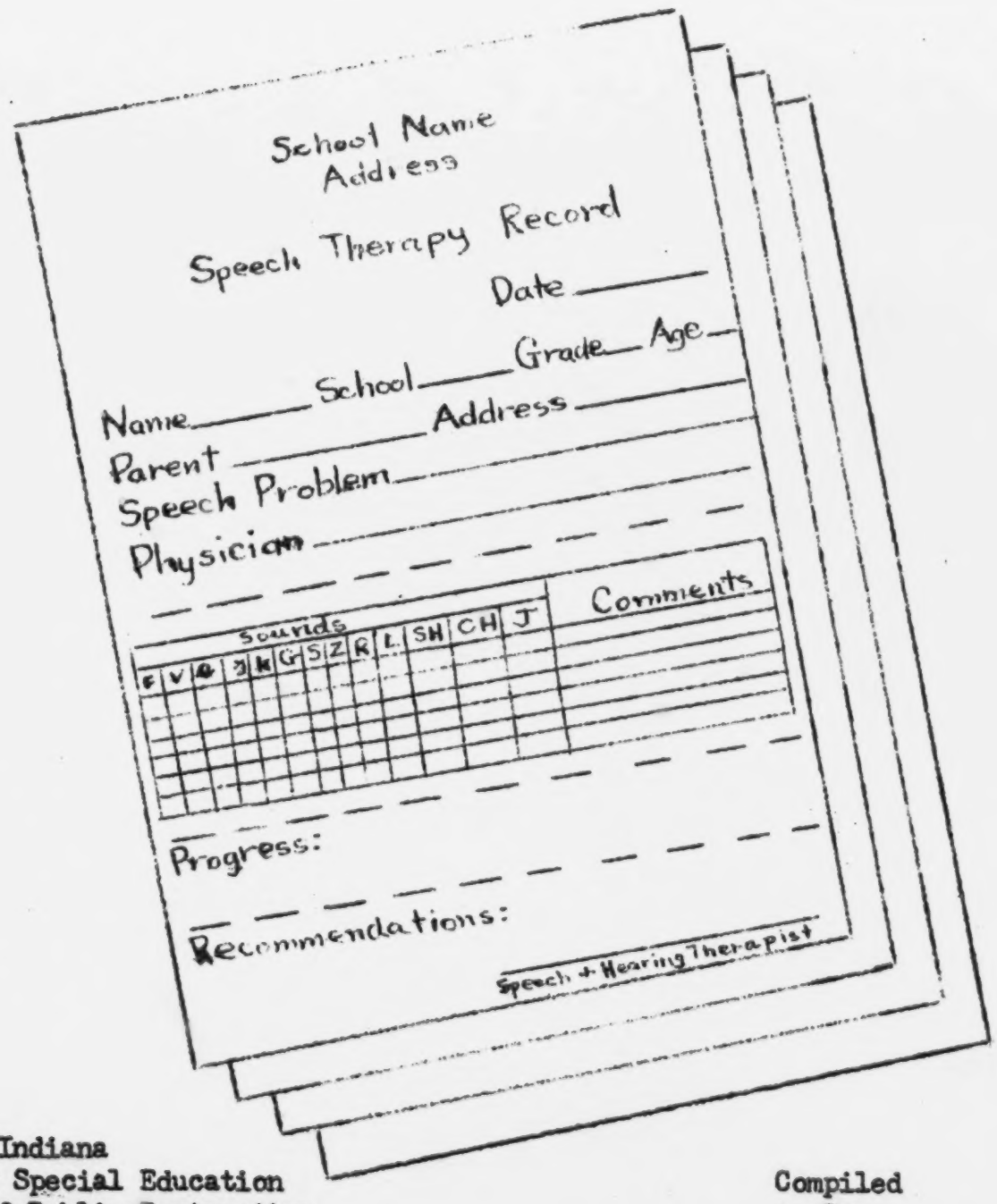
A RATIONALE FOR SPEECH AND HEARING PROGRAM RECORD KEEPING AND REPORTING IS PRESENTED ALONG WITH A COMPREHENSIVE SET OF FORMS. FORMS ARE AVAILABLE TO COVER ALL SITUATIONS IN DIAGNOSIS AND PROGRESS, COMMUNICATION TO OTHER PROFESSIONAL PEOPLE, AND COMMUNICATION WITH PARENTS. (MK)

GUIDE FOR RECORDS AND REPORTS FOR SPEECH AND HEARING PROGRAMS

ED011151

EC 000 020

September 1, 1959
Revised September 1, 1960
Revised September 1, 1964
Revised August 1965



Indiana
Division of Special Education
Department of Public Instruction
William E. Wilson, Superintendent

Compiled
By
Jean L. Anderson

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

GUIDE FOR RECORDS AND REPORTS FOR SPEECH AND HEARING PROGRAMS

Introduction

The old saying, "A chain is as strong as its weakest link" could be paraphrased to state, "A speech and hearing program is as strong as its records and reports." The recording of information on forms is an irksome task to many of us. It is time consuming, boring and seemingly non-productive. However, nothing is more essential to the continuity of a speech and hearing program than a system of clear, concise record and report forms on which the necessary information can be recorded adequately and accurately in a minimum amount of time. In addition, carefully planned forms can be a time saving device.

Because of the rapid turnover of speech and hearing personnel in many programs it is absolutely essential for the therapist to keep good permanent records about individual cases and about the activities of the program. Without this type of record there can be no continuity in the program. Therapists who go into a program where poor records have been kept are frequently in a more difficult position than those who start a new program.

In some programs the record and report forms have been established for many years and incoming therapists will not find it necessary to develop such a system. However, it is important, even in long established programs, that the forms be evaluated frequently so that the program does not become over-burdened with unnecessary paper work.

Some therapists who go into established programs find many record and report forms which they would like to change. Some caution should be exercised in this since it is usually not wise to change <u>all</u> forms immediately. A more considered evaluation and gradual change might be indicated in some cases.

Basic Principles of Record Keeping

Attention to a few basic principles concerning records and report forms will contribute greatly to their effectiveness.

1. All pertinent data (diagnostic, progress, anecdotal, etc.) should be recorded accurately and confidentially.

2. Diagnostic information should be readily available and used by the therapist at all times. (pertinent information on a child's progress can be recorded immediately if the records are in front of the therapist during the therapy session.)

3. A place should be provided to file records and reports, either in a central location or in each school, depending upon the situation. (Current records on cases, as stated above, should be available and used during therapy sessions.)

4. Reports to administrators should be filed punctually and accurately.

5. Many forms can be done in duplicate or triplicate to save the time of the therapist. For instance, triplicated progress reports can be given to teachers and parents and one copy filed in the permanent records.

6. Secretarial help should be provided so that the time of the therapist is not used for such activities as rountine typing, mimeographing, etc.

Types of Records and Reports

In general, there are three purposes for records and reports--for recording permanent record information for the use of present and future therapists, for communicating with school or other professional personnel, and for communicating with parents.

Recorded information for the use of present and future therapists (permanent records) should include:

1. Diagnostic information
2. Case history information
3. Record of progress in therapy
4. Record of attendance
5. Reports of case conferences and other information
6. Records of screening testing (both speech and hearing)
7. Other pertinent information

Forms for communicating with school and other professional personnel include:

1. Reports of diagnosis and management of cases
2. Requests for assistance in working with a child
3. Reports of scheduling
4. Reports of progress in therapy
5. Requests for medical information
6. Reports (to administrators) of a summary of program activities
7. Informational material concerning speech and hearing problems and the procedures of the program.

Forms for communicating with parents include:

1. Reports of diagnostic information
2. Requests for information
3. Request for conference
4. Report of progress
5. Informational material concerning the program or speech and hearing problems.

This Guide to Records and Reports in Speech and Hearing Programs has been prepared to show examples of types of forms. However, there are many

personal preferences in the selection of record forms, and it should be stressed that these are not in any way to be considered as recommended forms. They are merely representative of the forms used by many speech and hearing therapists in Indiana and will need to be adapted to specific situations. Certainly there will be omissions and there will also be some forms which will not be useful in all situations. Many of the forms included in this guide are used by several therapists in the state. In other cases, they are combinations of forms being used. No effort has been made to give credit for these since there is much duplication from one school system to another.

It is hoped that this guide will be of particular help to the beginning therapist or to the therapist who is initiating a program. A description of the use of the form will be given in the next section. The forms will be found in the Appendix.

Examples of Record and Report Forms (Speech)

For the Division of Special Education

Form 23-S. Form 23-S is a request for approval of the speech and hearing program which is filed by October 15. Information for this report is furnished to the superintendent by the speech therapist. The report should be accompanied by a copy of the weekly building schedule for each therapist. Information to be filed on Form 23-S includes estimated number of pupils to be enrolled and information concerning certification and salaries of therapists.

Form 24. Form 24 is submitted at the end of the school year and is a request for reimbursement for all Special Education programs, including Speech and Hearing. Detailed instructions are included with Form 24.

A supplementary report for Speech and Hearing (Form 24-S) will be filed with the regular Form 24. This report will contain descriptive information about each program.

These forms are not included in this guide but are available from the Division of Special Education.

For Present and Future Therapists

Forms for recording diagnostic information. Form 1-S and 2-S are examples of articulation test sheets. Only two examples are given since students usually use the forms which were used in their training programs.

Case history information. No example is given of a case history form since there are so many variations of this type of form and because most therapists have samples of these from their clinic experience or in text books. However, Form 2-S can be used for limited case history information.

Record of progress. Form 3-S or a similar form should be placed at the end of each year in the child's permanent file.

Record of attendance. Records of attendance are usually kept in a grade book such as that used by regular teachers.

Permanent record card. Many therapists relay all diagnostic, conference, anecdotal and progress information to a card such as Form 4-S. Others record this with the case history form, or Form 2-S, or in an individual folder.

Records of screening (speech). Form 5-S can be used to quickly check certain sounds in speech screening. This form may be given to teachers prior to the screening so that they can place on it the names of all children in the room.

For Communicating with Professional Personnel

Referral sheets. A form similar to 6-S gives teachers guidelines for referrals and provides a way to secure the names of all children suspected of having a speech or hearing problem.

Reports of diagnosis and management of cases. A report should be sent to the teacher on every child who is given a diagnostic test. Form 7-S can be used for this purpose.

Requests for assistance in working with a child. Form 8-S can be used to secure help from teachers and parents and is not as time consuming as a separate note for each request.

Reports of scheduling. Form 9-S is a summary report of the diagnostic testing for the school. It should be given to administrators and could be given to teachers instead of Form 7-S. Classification of children into the four categories listed on the form (Enrolled, Waiting List, Classroom Help, and Speech O.K.) is helpful. Many waiting lists are not realistic since they include children who probably will never be enrolled in therapy but can be helped by the classroom teacher.

Reports of progress in therapy. There are several ways of reporting on progress of cases--personal conferences, notes, or check lists. Forms 10-S and 11-S show samples of this type of form. Others may be devised to fit other types of cases or other situations.

Requests for medical information. Form 12-S is a suggested form for use in obtaining desired medical information on speech cases which are suspected of having organic speech disorders. (See Rule S-1)

Reports to administrators. Administrators should be informed periodically of the activities in the program. This may include statistics of testing, enrollments, dismissals, etc. as well as a listing of program activities.

Informational material. Form 13-S, 14-S, 15-S, and 16-S furnish some basic information about the two problems found most frequently in public schools. Similar information sheets can be devised as needed.

For Communicating with Parents

Forms 8-S, 10-S, 11-S, 13-S, and 15-S may be used for parents as well as teachers. In addition Forms 17-S and 18-S furnish information specifically for parents.

Examples of Record and Report Forms (Hearing)

Some of the general forms listed in the speech section may be used for both speech and hearing. However, a few forms are specific to the hearing program and examples of those forms are given.

Hearing inventory forms. No copy of the audiogram is given since these are fairly standard. These are usually printed on cards and kept as a permanent record of hearing tests.

Form for recording results of hearing screening tests. Careful recording of results of screening tests and adequate follow-up are essential to an effective hearing testing program. Form 1-H may be used for recording during the screening or for permanent records of minor losses to be rechecked.

Form for keeping permanent record of hearing tests for each child. Some therapists keep permanent hearing test records on audiogram cards. Others use a form such as Form 2-H for keeping a continuous record of hearing tests and pertinent information concerning the child.

Report to physician concerning hearing loss. Forms 3-H and 4-H are variations of requests for information from physicians. In general these forms include information about the child's hearing loss as tested at school and request information from the doctor about the condition of the child's ears and medical and educational recommendations. They are usually accompanied by a copy of the child's audiogram and letters to the parent and doctor describing the program.

Report to teachers on results of test. Each teacher should be informed about the children in her room who have evidenced a hearing loss and what she can do to help them. Form 5-H combines this information in one form.

Informational material. Form 6-H gives basic information which each teacher should know concerning the child with a hearing loss.

A P P E N D I X

FORM 1-S

SCHOOL NAME
ADDRESS

ARTICULATION TEST SHEET

Date _____

Name _____ Address _____

School _____ Grade _____ Room _____ Age _____

Birth Date _____ Father's Name _____ Teacher _____

Date of Medical _____ Physician's Name _____

	Isolated-Word Articulation Test				Stimulatibility Test					
					Nonsense Syllable			Word		
Sound	I	M	F	Sound in Isolation	I	M	F	I	M	F
m										
b										
p										
3½ w										
h										
n										
t										
d										
4½ k										
g										
ng										
y										
5½ f										
v										
l										
6½ th (v)										
sh										
zh										
r										
th (unv)										
z										
7½ s										
ch										
dz										
wh										

Hearing: Right Ear _____
Left Ear _____

Speech Mechanisms:

1. Teeth OK____ Malformed____ Missing____ False____
2. Jaw OK____ Overbite____ Underbite____ Openbite____
3. Lips OK____ Cleft____ Repaired____
4. Palate OK____ High____ Narrow____ Cleft____ Repaired____
   Hard Palate____ Soft Palate____
5. Tongue OK____ Tied____ Large____ Small____ Paralyzed____
6. Other: _____

Comments: _____

FORM 2-S

SCHOOL NAME

Articulation Test Sheet

Name.....Address.....Date.....
School.....Room.....Grade.....Birthdate.....Phone.....
Date of Medical.....Dr.....Former School.....Age.....

																				Others:
1. p				6. n				11. k				16. ch								
2. b				7. f				12. g				17. j								
3. m				8. v				13. s				18. l								
4. t				9. θ				14. z				19. r								
5. d				10. ʒ				15. sh				20.								

Comments:

Classroom Record:
I.Q.....C.A.....Type of Test.....Results of Ach. Tests.....

.....Teacher.....

Attitude toward speech.....

Comments.....

Home Environment:

Sisters.....Ages.....Bros.....Ages.....Mother's Name.....
Mother's Occupation.....Father's Name.....Father's Occupation.....

Home Conditions.....

Comments.....

Physical History:

Teeth.....Palate.....Voice Quality.....

Hearing.....Right Ear.....Left Ear.....Date of Test.....

Age of Talking.....Age of Walking.....General Coordination.....

Illnesses.....

Comments.....

(KEEP OTHER SIDE BLANK AND USE FOR RECORD OF THERAPY)

FORM 3-S

SCHOOL NAME

REPORT OF THERAPY

Name_____ Date of Admission_____

Defect_____ Date_____

Nature of Problem:_____

Summary of Therapy:_____

Cooperation:_____

Progress:_____

This type of form is usually filled out at the end of the year and is placed with the child's permanent record and/or in the therapist's record for each child.

Recommendations:_____

Speech and Hearing Therapist

FORM 4-S

MEDICAL RECORD

Date	Physician	Recommendations or Comments

Educational Record

Date	Name of Test	CA	MA	IQ	Tested By

Recommendations or Comments

Hearing Record

Date										
Examiner										
	R	L	R	L	R	L	R	L	R	L
8192										
4096										
2048										
1024										
512										
256										
128										

- - - - - - - - - - -fold here- - - - - - - - - - - - -fold here- - - - - - - - -

NAME OF SCHOOL

Speech and Hearing Therapy Record

Name _____ Sex ____ Birthdate _____ Phone _____

Address _____ Referred by _____

Father or Guardian _____ Occupation _____

Mother or Guardian _____ Occupation _____

Sibs: Brothers ____ Sisters ____ Position of Child ____ Age ____ Disorder _____

Diagnosis: _____

This type of permanent record is usually printed on cards and filed in a central office.

Entered	School	Grade	Teacher	Left	Dropped	Progress	Clinician

SEE NEXT PAGE FOR REVERSE SIDE OF THIS FORM.

FORM 4-S
(continued)

CLINICAL RECORD

Defective Sounds										
Corrected										

Detailed Diagnosis, Prognosis, and History of Therapy:

FORM 5-S

SCHOOL NAME

ADDRESS

CLASSROOM SPEECH SURVEY

School_____ Grade____ Teacher_____ Date_____

NAMES OF PUPILS	SOUNDS													COMMENTS
	F	V	θ	ð	K	G	S	Z	R	L	SH	CH	J	
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

To be used for screening an entire class.

_____

Speech and Hearing Therapist

FORM 6-S

SCHOOL NAME
ADDRESS

SPEECH AND HEARING THERAPY REFERRAL SHEET

Teacher_____ Room_____ School_____ Date_____

TO THE CLASSROOM TEACHER:

The classroom teacher is very often able to identify children with speech and hearing problems who have not been located through screening tests. The speech and hearing therapist is anxious to test all children who are suspected of having either a speech or hearing problem, even though it may not be possible or advisable to enroll the child at the present time.

Following are brief descriptions of the most common problems you might find in your classroom:

1. Articulation--substitution, omission or distortion of sounds (wabbit for rabbit, oup for soup, etc.).
2. Stuttering--hesitations and repetitions in speech, facial grimaces, etc.
3. Voice--nasality, hoarseness, improper pitch, etc.
4. Hearing Loss--straining to hear, inattention, etc.

Please list your referrals below and return this sheet to the therapist.

Feel free to refer at any time any child who may have a speech and/or hearing problem.

Name of Pupil	Grade	Room	Problem (as it seems to you)

FORM 7-S

SCHOOL NAME
Address

SPEECH

Report on Testing

School_____ Room_____ Date_____ Speech Therapist_____

Name of Pupil	Speech Problem	Enroll	Wait	Class Room Help	OK	Comments

This blank is used to report the results of the speech test to the classroom teacher.

****

FORM 8-S

This form can be used to secure help from teachers and parents.

SCHOOL NAME
Address

Date_____

_____is working on_____in speech class. _____is learning to make the correct speech patterns but needs additional help so that_____will be able to use the sound in conversational speech.

To help reinforce the sound these suggestions are made:_____

_____

_____

_____

_____

Your assistance will be greatly appreciated.

_____
Speech and Hearing Therapist

PRECEDING PAGE BLANK-NOT FILMED

FORM 9-S

SCHOOL NAME

ADDRESS

SPEECH AND HEARING THERAPY SCHEDULE

_____ Building
_____ Date
_____ Therapist

Time Enrolled	Name of Pupil	Grade	Room	Diagnosis	Comments
Group I.					
Group II. ↓ etc.					
Waiting List:					
Classroom Help:					
Speech OK:					

Building Schedule Report to be given to principals and/or teachers.

This form is used to report on the child's progress at various times.

SCHOOL NAME

FORM 10-S

PROGRESS REPORT

Date _____

Name _____ School _____ Grade _____

Speech Problem _____

Sounds Worked On _____

Check list for work accomplished in speech class:

1.	Produces the sound in isolation	Sometimes____ Yes____ No____
2.	Uses the sound in words	Sometimes____ Yes____ No____
3.	Uses the sound in sentences	Sometimes____ Yes____ No____
4.	Uses the sound in reading material	Sometimes____ Yes____ No____
5.	Uses the sound in conversation	Sometimes____ Yes____ No____
6.	Cooperates with speech teacher	Sometimes____ Yes____ No____
7.	Seems to enjoy speech class	Sometimes____ Yes____ No____
8.	Shows a desire to improve his speech through his own efforts	Sometimes____ Yes____ No____
9.	Needs to continue speech class	Sometimes____ Yes____ No____
10.	Almost ready for dismissal	Yes____ No____
11.	Dismissed	Yes____

Comments:

_____
Speech and Hearing Therapist

****

Report to teachers or parents on progress of child.

SCHOOL NAME

FORM 11-S

PROGRESS REPORT
Speech and Hearing Therapy

Date _____

Pupil's Name _____ School _____ Grade _____

Difficulty: ( ) Articulation ( ) Stuttering ( ) Voice

Comments: _____

Specific Therapy:	Progress:	Recommendations:
_____	Excellent ____	Continue Therapy ____
_____	Satisfactory ____	Dismissed ____
_____	Unsatisfactory ____	Arrange for a conference with therapist ____

Remarks:

_____
Speech and Hearing Therapist

PRECEDING PAGE BLANK-NOT FILMED

FORM 12-S

NAME OF SCHOOL

SPEECH AND HEARING DEPARTMENT

Date_____

Name of Child_____ Birth Date_____ School_____

* *

TO THE PHYSICIAN:

The_____Public Schools provide speech and hearing therapy for those children in need of such services. These programs are operated under Rule S-1 of the Rules and Regulations of the Commission on General Education states:

> "All children who have symptoms of acoustic, voice, and aphasic disorders, cerebral palsy or cleft palate shall also have an evaluation by a physician. A physician's statement shall be on file with the school corporation describing the medical needs of these children and the consequent limitations to be imposed upon their training."

It is necessary for the school to have this information for the above child before he can be enrolled in therapy.

* *

RESULTS OF EVALUATION BY THE SPEECH AND HEARING THERAPIST:

The child named above has been given a speech and hearing evaluation by the school speech and hearing therapist and has been found to have the following speech problem(s):

_____ARTICULATION (incorrect sound formation)
_____STUTTERING (hesitations and repetitions)
_____VOICE (problems of pitch, quality or loudness)
_____DELAYED SPEECH DEVELOPMENT
_____DEFECTIVE AUDITORY ACUITY (audiogram attached)
_____OTHER: (specify) _____

COMMENTS:

Signature_____
Speech and Hearing Therapist

* *

SEE NEXT PAGE

RESULTS OF EVALUATION BY PHYSICIAN:

Does this child have a structural or functional abnormality in the following areas which may contribute to his speech or language problem?

Nose_____ Tongue_____ Larynx_____
Lips_____ Palate_____ Ears_____
Jaw_____ Pharynx_____ Teeth_____
Central Nervous System_____

Describe:_____

Does the child need medical care related to the speech problem such as surgery, prosthesis, or special medication? _____Yes _____No If yes, specify:_____

Is there any factor in the child's medical history which may have contributed to his speech problem? Describe:_____

Does this child have health problems which will limit the amount and kind of training he should receive? _____Yes _____No If yes, please make recommendations:_____

Signature_____
Physician

* * * * * * * * * *

FACTS ABOUT ARTICULATION PROBLEMS

1. An articulation problem is a speech problem in which the child is unable to make certain sounds correctly or to use them in speech.

2. About twenty-five per thousand elementary school children have problems in articulation.

3. Articulation problems may be the result of imitation of other members of the family but they are probably not inherited.

4. All children do not "out-grow" their speech problems.

5. All articulation problems are not "baby talk."

6. The child can be helped to speak correctly.

7. Some articulation problems may be caused by or related to organic deviations (cleft palate, hearing loss, malocclusion, tongue-tie, etc.).

8. The majority of articulation problems are the result of faulty learning in the years when the child was developing speech. Significant factors may be ineffective speech teaching techniques, illnesses or emotional disturbance at that time.

9. Retraining of sounds sometimes seems to be a very slow process.

10. Therapy consists of:

    a. Helping the child become aware of his errors through ear training techniques.

    b. Re-training each defective sound.

    c. Carry-over into conversational speech.

FORM 14-S

HOW TEACHERS CAN HELP THE CHILD

WITH AN ARTICULATION SPEECH PROBLEM

1. Help your class to gain an appreciation of the importance of good speech for <u>all</u> children.

2. Encourage the child who goes to speech class to feel that it is a <u>privilege</u>.

3. Try not to introduce new or important activities during the time the child is attending speech class.

4. Confer frequently with the speech therapist so that you will know what progress the child is making. Let the child know that you are aware of his activities in speech class and are interested in helping him.

5. If the child cannot make the sound and is still in the ear training phase of therapy, call attention to the words that contain his sound.

6. Help him remember to use the sound in certain words <u>after</u> he has learned to make it and to use it in words.

7. Be very patient with the child who is embarrassed about his speech problem. Help him to feel that he will not be penalized for his poor speech.

8. Help the child who seems to have no desire for improvement to see a need for better speech habits.

9. Enlist the aid of the other children in helping the child to remember to use the "good sound."

10. If time permits, have the child practice his sound in words for a few minutes each day.

11. The speech therapist will be glad to offer suggestions for helping the child.

12. Be sure to refer to the speech therapist at any time any child whose speech you wish to have tested.

FACTS ABOUT STUTTERING

1. Stuttering is not:

   a. A physical defect
   b. Merely a bad habit which the child can stop if he wishes
   c. Caused by imitation
   d. A result of "thinking faster than he can talk"

2. Research has shown that all children have repetitions and hesitations in speech in the process of learning to talk. These normal non-fluencies should not be interpreted as stuttering.

3. More non-fluencies may occur in a child's speech during periods of fear, excitement, embarrassment or tension.

4. If adults show concern about these normal non-fluencies in the child's speech, he may begin to be concerned. He may then develop the more severe speech patterns which are usually associated with stuttering (facial grimaces, avoidances, eye blinks, bodily movements, etc.).

5. The child's concern over his stuttering may become so great that he seeks to avoid certain words or speaking situations.

6. There are many theories as to the cause of stuttering. However, in working with stutterers, most therapists consider information about the following factors important: home environment, school adjustment, physical condition, the individual's speech characteristics and his attitude toward his speech.

7. As a group, stutterers do not differ in intelligence from non-stutterers. However, they may be retarded in school because of the emotional problems involved.

8. More boys than girls stutter (about 4 to 1).

9. Stuttering in children often disappears and returns at intervals (usually during periods of adjustment, extreme tension, or illness).

10. Therapy for the stutterer consists of:

    a. Helping parents and teachers understand the problem.

    b. Gaining their cooperation in keeping the atmosphere free of situations which might increase the child's concern over his speech.

    c. Helping the child understand himself and his speech.

    d. Helping the child modify his speech behavior.

HOW TEACHERS CAN HELP THE CHILD WHO STUTTERS

1. Do not show concern over the speech interruptions of the young child. Accept these non-fluencies as his way of talking and to not call his attention to them.

2. Treat the child who stutters as you would any other child.

3. If he is aware of his stuttering, let him know that you understand his problem and that you are interested in helping him.

4. Encourage him to talk in the classroom, making the oral recitation situation as pleasant as possible. Urge him to volunteer or ask him questions that can be answered rather easily. Avoid situations which may create tension for the stutterer (i.e., calling the roll alphabetically while he waits for his turn.).

5. Do not react emotionally to the stutterer. In this way you help to control the attitude of the class.

6. Praise him for his attempts to speak--not for his periods of fluent speech.

7. Avoid an atmosphere of tension in the classroom.

8. Help him increase his self-confidence. Encourage him to participate in school activities. Help him to succeed in non-speaking activities.

9. DO NOT:

   a. hurry him.

   b. interrupt him.

   c. ask him to start over.

   d. ask him to speak slowly.

   e. say his words for him.

   f. look away while he is talking.

   g. give him devices for starting his speech, such as foot-tapping, finger-tapping, arm-swinging, etc.

HOW PARENTS CAN HELP THE CHILD WHO STUTTERS

1. Have a complete physical examination. Then attempt to keep the child in good physical condition. Be especially sure that he gets enought rest.

2. Seek the help of a speech therapist and follow carefully whatever recommendations are made.

3. Do not show concern over the speech interruptions of the young child. Accept these normal non-fluencies as his way of talking and do not call his attention to them.

4. Study the child's environment to see in what situation the child seems to have more interruptions. Do whatever is possible to eliminate or minimize those situations.

5. Do not set standards for the child that are too high. Be satisfied with less than a perfect child.

6. If the child is aware of his stuttering, talk to him calmly and unemotionally about it. Help him to understand it and to face it objectively.

7. Provide pleasant speaking situations.

8. It is sometimes difficult for stutterers to break into a conversation involving several people. Try to make it possible for the stutterer to have an equal share of the family conversation time.

9. The stutterer tends to avoid speaking situations. Encourage him to talk in a variety of situations--telephoning, errands, etc.

10. Do not show embarrassment or impatience when the stutterer is speaking.

11. DO NOT:

    a. hurry him.
    b. interrupt him.
    c. ask him to start over.
    d. ask him to speak slowly.
    e. say his words for him.
    f. look away while he is talking.
    g. give him devices for starting his speech, such as foot-tapping, finger-tapping, arm-swinging, etc.

FORM 18-S

HELPS FOR PARENTS OF CHILDREN

WITH AN ARTICULATION SPEECH PROBLEM

1. Make good speech seem important.

2. At the same time, do nothing to cause the child to feel embarrassed about the fact that he cannot talk as well as other children. Remind him that all children have something they cannot do well!

3. Keep in close touch with the speech therapist at your school so that you may work together on your child's speech problems.

4. The child's defective sounds usually are retrained one at a time. Find out which sound is being retrained and then help him as follows:

   a. Help him to identify his sounds in pictures, conversation, stories, etc.

   b. Help him only with the sounds on which he <u>is</u> working or <u>has</u> worked in the speech class.

   c. Do not expect the child who is beginning speech therapy or who has many defective sounds to concentrate on using the new sound all the time.

   d. If the speech therapist feels that the child is ready to work on his speech at home, it will probably be advisable to set aside one or more short periods each day for speech work. Do not prolong the lesson until the child becomes tired or disinterested.

   e. If help is given at home, keep the techniques varied and interesting. The speech therapist will be glad to make practical suggestions.

5. After the child has learned to make the sound in words, the carry-over into conversational speech begins. This is the most important phase of the program and it is absolutely essential to have the cooperation of the parent at this time.

6. Remember --

   a. Your child's defective speech is not his fault. He cannot immediately stop making mistakes just because you tell him to do so.

   b. Retraining a child's speech is usually a slow process.

   c. Be quick to observe and praise any slight improvement.

FORM 1-H

SCHOOL NAME
ADDRESS

Hearing Screening Test Record

SCHOOL | GRADE | TEACHER | ROOM | AUDIOMETRIST

DATE | AUDIOMETER | REMARKS

NAME	Ear	128	256	512	1024	2048	4096	8192
1.	R							
	L							
2.	R							
	L							
3.	R							
	L							
4.	R							
	L							
5.	R							
	L							
6.	R							
	L							
7.	R							
	L							
8.	R							
	L							
9.	R							
	L							
10.	R							
	L							
11.	R							
	L							
12.	R							
	L							
13.	R							
	L							
14.	R							
	L							
15.	R							
	L							

FORM 2-H

This form is used to keep a permanent record of hearing tests given to an individual child.

SCHOOL NAME
ADDRESS

Record of Hearing Tests

Name _____ Address _____ Phone _____

Birth Date _____ School _____

Date _____
Comments:

Ear	128	256	512	1024	2048	4096	8192
R							
L							

Date _____
Comments:

R							
L							

Date _____
Comments:

R							
L							

Date _____
Comments:

R							
L							

Date _____
Comments:

R							
L							

FORM 3-H

This form is usually accompanied by a copy of the child's audiogram, a letter to the parent explaining the hearing test program, and a letter to the physician.

SCHOOL NAME
ADDRESS

MEDICAL EXAMINATION

HEARING

Name _____ Birthdate _____ Sex _____

School _____ Grade _____ Date _____

TO THE EXAMINING PHYSICIAN:

_____ is referred to you on the basis of the attached audiogram. Your answer to the questions below will assist us in planning for this child.

Sincerely,

_____
Speech and Hearing Therapist

_____

1. Is this loss: Temporary____ Progressive____ Permanent____
2. Diagnosis _____
3. Should this child remain under medical care? _____
4. Does this child need:
   1 -- Preferential seating in classroom _____
   2 -- Lip reading _____
   3 -- Use of hearing aid _____
   4 -- Other _____
5. Do you desire future copies of this child's audiogram? _____
6. Further comments _____

_____

Date of Examination _____ Examiner _____ M. D.

Address _____

FORM 4-H

SCHOOL NAME
ADDRESS

PHYSICIAN'S REPORT

Hearing

Name_____ Age_____ School_____

Condition of Nasopharynx_____ Tonsils_____

Condition of Nose_____

Condition of Ears: Right_____ Left_____

Infections present elsewhere_____

Diagnosis:_____

Prognosis:_____

This form is usually accompanied by a copy of the child's audiogram, a letter to the parent explaining the hearing test program, and a letter to the physician.

a. Is the hearing loss temporary?_____

b. Is the hearing loss permanent?_____

c. May the hearing loss be reduced by treatment?_____

d. May it require a long period of treatment for any improvement?_____

e. May the hearing loss be progressive?_____

Medical Recommendation (or treatment given)_____

_____

Scholastic Recommendations:

_____1. The child should be cautioned to watch the lips of speakers.

_____2. The child should have lip reading lessons.

_____3. The child needs a hearing aid.

_____4. The child's hearing loss is not significant at this time but should be watched.

Comments:_____

_____

Signed_____ M. D.

Date_____

FORM 5-H

Report to teachers on results of hearing test.

SCHOOL NAME
ADDRESS

Dear Teacher:

The following pupils in your classroom were found to have a hearing loss:

Name	Comments

The following suggestions will assist you in helping these children:

1. Seat the child near the front of the room and at one side so that the better ear is toward the teacher and the class.

2. Encourage the child to take the responsibility of moving about the room to a place where he is able to hear the speakers.

3. Speak naturally to him. Exaggeration and over-emphasis will hinder progress in lip reading.

4. The light should be such that the pupil can see the teacher's face clearly.

5. During recitations encourage the pupil to watch the faces of the other students when they speak.

6. Be sure you have the pupil's attention before you address him.

7. Restatement when he fails to understand will be much more effective than mere repetition.

8. Assignments given prior to class discussion will make it possible for him to follow the class discussion much better.

9. Language activities are very important. Keep him interested in reading, spelling, writing, grammar, and speech.

10. Musical activities should be encouraged.

11. Group activities of all kinds should be encouraged.

Sincerely,

Speech and Hearing Therapist

HOW TEACHERS CAN HELP THE CHILD WHO HAS A HEARING LOSS

Be alert for signs of defective hearing in the children in your room. Inattention, daydreaming, inability to answer questions and follow directions, or poor classwork may be evidence of a hearing loss. Children who exhibit any of these signs, as well as those who are absent from school frequently because of colds or earaches, should be referred for a hearing test. If a child is found to have a hearing loss, recommendations will then be made for medical care or educational adjustments. Teachers should follow these recommendations closely. General suggestions for helping the hearing handicapped child are as follows:

1. Seat the child near the front of the room and at one side so that the better ear is toward the teacher and the class.

2. Encourage the child to take the responsibility of moving about the room to a place where he is able to hear the speakers.

3. Speak naturally to him. Exaggeration and over-emphasis will hinder progress in lip reading.

4. The light should be such that the pupil can see the teacher's face clearly. Do not stand with your back to the window.

5. During recitations, encourage the child to watch the faces of the other students when they speak.

6. Be sure you have the pupil's attention before you address him.

7. Restatement when he fails to understand will be much more effective than mere repetition.

8. Assignments given prior to class discussion will make it possible for him to follow the class discussion more easily.

9. Language activities are important. Keep him interested in reading, spelling, writing, grammar, and speech.

10. Musical activities should be encouraged.

11. The child with a hearing loss should be urged to participate in many kinds of group activities.